

ATTORNEY DOCKET NO.
KOTAMARTI001



IFW/
DAC
PATENT APPLICATION
SERIAL NO. 09/754,012

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Kotamarti, Mallik §
Serial Number: 09/754,012 §
Filed: 01/02/2001 §
For: INCORPORATING NON-NATIVE USER §
INTERFACE MECHANISMS INTO A §
USER INTERFACE §

Group Art Unit: 2173

Examiner: Bonshock, Dennis G.

Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Petition Under 37 C.F.R. § 1.59(b) for the Director to expunge information unintentionally submitted in a petition.

Dear Sir:

This is a petition to expunge and replace information submitted in a Petition to Revive entered on September 27, 2012, Applicant petitions as follows:

12/11/2012 MBLANCO 00000006 09754012
01 FC:1463 200.00 0P

I. INTRODUCTION:

Applicant filed a petition to revive on September 27, 2012 which included supporting documentation (Exhibit A) to support Applicant's petition. The petition was granted by the Director on October 22, 2012. One of the Exhibits submitted was an IRS W-2 form which included personal information of the Applicant. Hence, Applicant requests that the W-2 form exhibit submitted with the petition be expunged and replaced with Exhibit AA submitted herewith, since the prior Exhibit included personal information of the Applicant which may pose a security risk for the Applicant if published.

II. STATEMENT OF FACTS:

In support for Applicant's petition to revive of an unintentionally abandoned application, Applicant included documentation within Exhibit A to demonstrate proof of Applicant's address during specified time periods. Specifically, Exhibit A was a letter from Applicant's prior employer and an IRS W-2 form. As standard practice, the W-2 form includes an employee social security number on the form. The social security number on the form was not redacted prior to submission. Applicant believes that publication of this document may pose a security risk to the Applicant, such as identity theft. Hence, Applicant is submitting the identical W-2 submitted with the petition albeit with the social security number redacted. Hence, Applicant respectfully requests the Director to expunge and replace the prior submitted W-2 form with the enclosed W-2 form (See Exhibit AA).

III. REQUEST FOR RELIEF:

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Applicant respectfully requests the Director, under 37 C.F.R. § 1.59(b), to expunge the W-2 form submitted with the petition entered on September 27, 2012 and replace with the enclosed W-2 form (See Exhibit AA).

Pursuant to the requirements of 37 C.F.R. § 1.159(b) for the Director to take this petition, Applicant is submitting herewith a petition fee for \$200 as set forth in 37 C.F.R. § 1.117(g). If any additional fees are due or additional information is needed to render a decision, Applicant respectfully requests the Director to contact the attorney of record at the address and telephone number below to render such fees or information.

Respectfully submitted,

Law Office of Sam Sokhansanj, PLLC



Sam Sokhansanj
Reg. No. 59,769

Dated: 12/03/2012
Law Office of Sam Sokhansanj, PLLC
3131 McKinney Avenue
Suite 600
Dallas, Texas 75204
Telephone: (214) 988-5454
Fax: (214) 988-5450

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EXHIBIT AA

Best Available Copy

4089617743

Mallik Kotamarti

P. 1

a. Control number	UMI No. 1545-000R		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other similar tax may be imposed on you if this income is taxable and you fail to report it.			
b. Employer identification number	76-0622853		1. Wages, tips, other compensation	8000.00	2. Federal income tax withheld	1300.00
c. Employer's name, address, and ZIP code			3. Social security wages	8000.00	4. Social security tax withheld	496.00
SKYSPORT INTERNATIONAL INC 2 NORTHPOINT DRIVE SUITE 230 HOUSTON, TX 77060			5. Medicare wages and tips	8000.00	6. Medicare tax withheld	116.00
d. Employee's social security number			7. Social security tips		8. Allocated tips	
e. Employee's name, address, and ZIP code			9. Advance FICA payment		10. Dependent care benefits	
MALLIK R. KOTAMARTI 6944 OAK MANOR DR DALLAS, TX 75230			11. Nonqualified plans		12a. See instructions for line 12	
			13. Savings plan <input type="checkbox"/>	Government plan <input type="checkbox"/>	Third-party plan <input type="checkbox"/>	12b
			14. Other			12c
						12d
15. State Employer's state ID number	16. State wages, tips, etc.	17. State income tax	18. Local wages, tips, etc.	19. Local income tax	20. County name	

Form **W-2** Wage and Tax Statement
Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B) or Copy 2 to be Filed With Employee's State, City or Local Income Tax Return

2003

Department of the Treasury - Internal Revenue Service

Safe, accurate,
FAST! Use

